

30.3 Augmentative and Alternative Communication Assessment

Procedures to determine the appropriateness of aids, techniques, symbols and/or strategies to augment or replace speech and enhance communication of patients/clients with expressive and/or receptive communication disorders.

Professionals Who Perform the Procedure(s)

- Speech-language pathologists

Expected Outcome(s)

- Individuals with expressive and/or receptive communication disorders are assisted in selecting and obtaining appropriate augmentative and/or alternative communication (AAC) components (aids, techniques, symbols, strategies) to enhance communication.
- Assessment may result in recommendations for treatment or follow-up, or in referral for other examinations or services.

Clinical Indications

- Individuals of all ages are assessed as needed, requested, or mandated or when they have impaired communication, or educational, vocational, social and/or health needs due to their communication status.
- Assessment is prompted by referral or by failure of a speech or language screening.

Clinical Process

- The parameters of the AAC assessment (e.g. tests, materials) may vary depending on severity on whether the patient/client is a child or an adult on whether the expressive or receptive communication disorder is congenital or acquired, and on the individual's communication needs and abilities.
- Assessment includes:
 - Observation of visual status, hearing screening or review of hearing status
 - Examination of specific aspects of voice, speech, language, cognition and communication systems
 - Observation of posture, gross and fine motor coordination, and any existing adaptive and/or orthotic devices that are currently being used by the patient/client (e.g. wheelchair,

- neckbraces, communication boards, specialized equipment)
- o Selected AAC components are used with the patient/client in various planned communication contexts
- o During the concluding visit of the initial AAC assessment, the professional reviews the results of the diagnostic trial with devices, techniques, symbols and/or strategies, and gives a rationale for the preferred AAC options and system/device characteristics
- o Assessment is conducted periodically as indicated by follow-up protocols
- o Assessment may be a part of an interdisciplinary approach to rehabilitation.

Setting/Equipment Specifications

- Assessment is conducted in a natural environment (e.g. home or classroom) and/or in a clinical environment that includes a range of AAC aids and components to evaluate the patient's/client's competencies.
- Assessment considers the abilities, needs, and preferences of the patient/client and of those with whom the patient/client will communicate (e.g. family, caregivers, educators, service providers). It also considers the environment in which the AAC component(s) will be routinely used.

Documentation

- Documentation includes pertinent background information, results, interpretation, prognosis, and recommendations. Recommendations may include the need for further assessment, follow-up or referral. When treatment is recommended, information is provided concerning frequency, estimated duration, and type of service (e.g. individual, group, home program) required.
- All recommendations include a rationale for the preferred AAC options, a description of system/device characteristics, and a description of counseling and the patient's/client's response to the counseling.

ASHA Policy and Related References

In addition to the references listed on p. iv. the following references apply specifically to these procedures:

American Speech-Language-Hearing Association. (1989). Competencies for speech-language pathologists providing services in augmentative communication. Asha, 31(3), 107-110.

American Speech-Language-Hearing Association. (1991). Augmentative and alternative communication. Asha, 33, (Suppl. 5) 8.

American Speech-Languauge-Hearing Association. (1991). Report: Augmentative and alternative communication. Asha, 33 (Suppl. 5), 9-12.

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